

MEDICAID DURABLE MEDICAL EQUIPMENT (DME) AND SUPPLIES LISTING

The following listing, based upon the Healthcare Common Procedure Coding System (HCPCS), describes equipment and supplies, coverage limitations, and service authorization (SA) requirements. The DME Listing HCPCS codes must be used for all Medicaid claims, regardless of whether Medicare uses the same HCPCS code for the item. Service authorization by Medicaid is not required when Medicare is the primary payer. Reimbursement for Medicare crossover claims will be made in accordance with established Medicare HCPCS codes and guidelines.

When extended utilization or unusual amounts or types of equipment or supplies are required, the provider must request service authorization from the Department of Medical Assistance Services' (DMAS) pre-authorization contractor. Instructions regarding service authorization may also be found in Appendix D of this Provider Manual. Items not identified in the listing require service authorization and may be submitted for service authorization under the appropriate miscellaneous HCPCS code. Lack of a specific HCPCS code for the item does not determine coverage. The appropriate miscellaneous code may be used and submitted for preauthorization.

Providers must maintain documentation in accordance with the coverage criteria, documentation requirements, and Certificate of Medical Necessity (CMN) requirements as defined in Chapters IV and VI of this Provider Manual, regardless of whether or not service authorization is required.

The key below identifies the codes used in the DME Listing.

- N = Service authorization is not required up to the established limit
- Y = Service authorization is required
- P = Purchase
- RR = *Rental
- IC = Individual Consideration
- UCC = Usual and Customary Charge

*Medicaid reimbursement for rental items is a daily rate. DMAS will not provide rental reimbursement for days on which the recipient did not use the item.

Please reference rental versus purchase guidelines in Chapter IV of this Provider Manual for additional requirements.

MEDICAID DME AND SUPPLIES LISTING							
		Dry Heat Application, TENS, NMES UCC = Bill Usual and Customary Charge IC = Individual Consideration					
Old HCPCS Code	Face to Face Required	HCPCS Code	Description	Billing Unit	SA Type	Fee	Limit
Heat Application							
		E0200	Heat Lamp W/O Stand, Table Model includes bulb or infrared element	Each	Y	\$83.05	1/60 Months
		E0205	Heat Lamp, With Stand, (Includes Bulbs, Or Infrared Element)	Each	Y	\$203.31	
		E0200 RR	Heat Lamp W/O Stand, Table Model Rental includes bulb or infrared element	Day	N	\$0.38	3 Months

		E0205 RR	Heat Lamp, With Stand, (Includes Bulbs, Or Infrared Element)	Day	N	\$0.75	
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		E0210	Electric heat pad, standard	Each	N	\$34.21	1/60 Months
		E0215	Electric heat pad, moist	Each	N	\$74.21	
		E0210 RR	Electric heat pad, standard	Day	N	\$0.11	3 Months
		E0215 RR	Electric heat pad, moist	Day	N	\$0.26	
		E0217	Water circulation heat pad, with pump	Each	N	\$442.11	1/60 Months
		E0217RR	Water circulation heat pad, with pump	Day	N	\$1.64	3 Months
TENS/NMES Supplies							
		A4555	stimulation device used for cancer treatment, replacement only	Each	Y	IC	I.C.
		A4558	Conductive gel or paste, for use with electrical device (E.G., TENS, NMES) per oz	Tube	N	\$5.72	1/Month
		A4595	Electrical stimulator supplies, 2 lead, per month (e.g. TENS, NMES)	Pair	N	\$10.99	15/Month
		A4630	Replacement batteries for medically necessary transcutaneous electrical nerve stimulator (TENS) owned by patient	Each	N	\$6.53	1/Month
		E0731	Form-fitting conductive garment for delivery of TENS or NMES (with conductive fibers separated from patient's skin by layers of fabric)	Each	Y	\$147.99	I.C.
TENS/NMES Units							
	Yes	E0720	TENS Units, Two Lead, localized stimulation	Each	Y	\$140.90	1/60 Months
	Yes	E0720 RR	TENS Units	Day	N	\$1.69	2 Months
	Yes	E0730	TENS, Four or more Leads, Multiple Nerve Stimulation	Each	Y	\$140.93	1/60 Months
	Yes	E0730 RR	TENS, Four or more Leads, Multiple Nerve Stimulation	Day	Y	P-\$ IC	2 Months
	Yes	E0740	Non-implanted pelvic floor electrical stimulator, complete system	Each	Y	P-\$ IC	1/60 Months
	Yes	E0740 RR	Non-implanted pelvic floor electrical stimulator, complete system	Day	Y	\$1.83	3 months
	Yes	E0745	Neuromuscular Stimulator, Electronic Shock Unit	Each	Y	\$346.41	1/60 Months
	Yes	E0745 RR	Neuromuscular Stimulator, Electronic Shock Unit	Day	N	\$2.76	3 Months
Changes							
Changes marked in bold are effective 1/1/2021 Codes marked in Blue are Competitive Bid Rates effective 1/1/2020							
Service limits combined for Heat Applications Face to Face Column added 7/1/17							